

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

QUATION PHARMACEUTICALS, INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1 Overlook Point Suite 110 Lincolnshire IL 60065

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

NONE

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 23 2002

MINNESOTA BOARD OF PHARMACY



RECEIVED AT  
DEC 23 2002  
MINNESOTA BOARD  
OF PHARMACY

December 19, 2002

David E. Holmstrom, Executive Director  
Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

Re: Gifts to Practitioners

Mr. Holmstrom

In response to your letter dated November 12, 2002 regarding gifts to physicians, Merz Pharmaceuticals, LLC has nothing to report. We do not have sales representatives or any business activities (other than sales to pharmaceutical wholesalers) in the state of Minnesota.

If you need any additional information, you may contact me at (336) 851-3318.

Respectfully,

Tammy Overcash, CPA

Enclosure (1)

/tko



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

FFF Enterprises

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

41093 Candy Center Dr. Tenneka, CA 92591

MN BOARD OF PHARMACY LICENSE NUMBER

360244-8

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DISTRIBUTOR/MANUFACTURER  
NATIONWIDE MEDICAL / SURGICAL, INC.

MIN BOARD OF PHARMACY LICENSE NUMBER  
361302-5

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
19141 COVELLO ST. #6B VAN NUYS, CA 91405

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NONE			

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
Fairview Sothdale Medical Pharmacy  
MN BOARD OF PHARMACY LICENSE NUMBER  
261203-0

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
6545 France Ave So #100 Edina MN 55435

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

**FAIRMONT FIRE SAFETY**

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

**P.O. Box 722 1238 NO. PRAIRIE AV. FAIRMONT, MN**

MN BOARD OF PHARMACY LICENSE NUMBER

**360432-2**

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLY \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	No REPORTABLE	Activity	

**FAIRMONT FIRE SAFETY OF  
INDIANAPOLIS, IN**

**FOR POSTION ONLY  
FAIRMONT, MN 56031**

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY

**FAIRMONT FIRE SAFETY  
DON WERTS  
P.O. Box 722  
Fairmont, MN 56031**



**tyco**

Healthcare



**United States  
Surgical**

*United States Surgical  
150 Glover Avenue  
Norwalk, CT 06856*

*Tele: 203 845 1000  
www.ussurg.com*

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 350  
Minneapolis, MN 55414-3251

December 12, 2002

Dear Sir/Madam:

Enclosed please find the required statement regarding "Gifts to Practitioners" for United States Surgical, a division of Tyco Healthcare Group, LP. There is no reportable activity.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Sarah Hubeny".

Sarah Hubeny  
Regulatory Affairs Associate

Tel: 203-492-5179

Fax: 203-845-4559

Email: [sarah.hubeny@tycohealthcare.com](mailto:sarah.hubeny@tycohealthcare.com)

Enclosure



HEALTHEAST PHARMACIES  
DOWNTOWN SAINT PAUL

7 W. EXCHANGE ST. #100 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

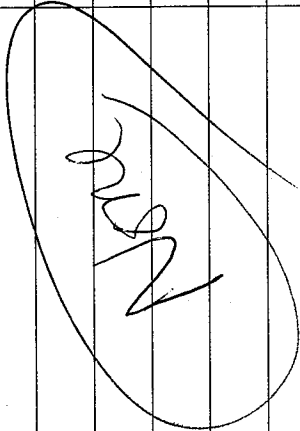
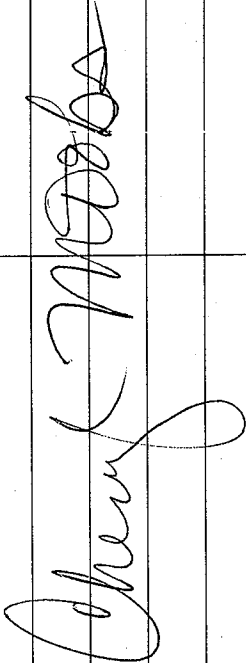

SAINT PAUL, MN 55102

(651) 232-3255

MN BOARD OF PHARMACY LICENSE NUMBER

260488-6

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
			
			

RECEIVED AT  
DEC 26 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Olmsted Medical Center Hosp Pharmacy*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*1650 4th St SE Rochester, MN 55904*

MN BOARD OF PHARMACY LICENSE NUMBER

*360080-5*

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	<i>No payments, honoraria, or reimbursement has been given to practitioners during the preceding calendar year to my knowledge.</i>		
	<i>Jarah Murbach, Pharmacy Director</i>		

RECEIVED AT  
DEC 26 2002  
MINNESOTA BOARD  
OF PHARMACY



RECEIVED AT  
DEC 26 2002  
MINNESOTA BOARD  
OF PHARMACY

December 20, 2002

**Renee Cadle**  
**(480)614-7274**

Minnesota Board of Pharmacy  
2829 University Ave SE Suite 530  
Minneapolis, MN 55414-3251

**RE: Theracom, Inc.**  
**909 East Collins Blvd Suite 103**  
**Richardson Texas 75081**

To Whom It May Concern:

This communication is in response to a letter from the Minnesota Board of Pharmacy regarding the above referenced Minnesota licensed out of state drug wholesaler.

Theracom, Inc. does not have any compensations or payments to practitioners to report.  
Theracom, Inc. does not compensate practitioners in any way.

If you have any questions or concerns please contact me directly at the number listed above.  
Thank you.

Sincerely,

A handwritten signature in black ink that reads "Renee Cadle". The signature is written in a cursive, flowing style.

Renee Cadle

*9501 East Shea Boulevard*  
*Scottsdale, Arizona 85260-6719*  
*ph 480.391.4600*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  20015 0474 Mn Board of Pharmacy License Number	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)  None	ADDRESS OF PRACTITIONER  None	VALUE OF PAYMENTS  None	TYPE OF PAYMENTS  RECEIVED AT DEC 20 2002 MINNESOTA BOARD OF PHARMACY.
NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER 1175 Judemere Dr., Ste 101 Reno, NV 89521	MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.			



U.S. Pharmaceuticals Division

RECEIVED AT  
DEC 17 2002  
MINNESOTA BOARD  
OF PHARMACY

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

December 12, 2002

Minnesota Board of Pharmacy  
2829 University Ave., SE, #530  
Minneapolis, MN 55414-3251

**RE: Gifts to Practitioners**

Dear Sir/Madam:

As per your request, enclosed please find our completed annual report with regard to compensation paid to licensed practitioners in Minnesota.

If you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely yours,

**ALPHARMA USPD, INC.**

Diane B. Salerno  
Sr. Regulatory Support Specialist

DBS  
Encls.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Alpharma USP, Inc.  
MN BOARD OF PHARMACY LICENSE NUMBER  
459959-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1877 Kawai Road, Lincolnton, NC 28092

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	There is no activity to report for calendar year 2002.		
	<i>Diane B. Salerno</i>		
	Diane B. Salerno		
	Sr. Regulatory Support Specialist		





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

USCO LOGISTICS & ALISON LIBBY 2319 Whitney Ave. Hamden CT 06518

MN BOARD OF PHARMACY LICENSE NUMBER

3610015

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

NO REPORTABLE ACTIVITY

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Healthpoint, Ltd.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3909 Hulen St. Fort Worth TX 76107

MIN BOARD OF PHARMACY LICENSE NUMBER

360870-0

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None			

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY



AmerisourceBergen Corporation  
P.O. Box 610850  
450 Charcot Avenue  
San Jose, CA 95161-0850

Phone 408.435.8830  
Fax 408.433.9614  
www.amerisourcebergen.net

David E. Holmstrom  
Executive Director  
Minnesota Board Of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

RECEIVED AT  
DEC 16 2002

MINNESOTA BOARD  
OF PHARMACY

Dear Sir:

This letter is in reply to your request of November 12, 2002 concerning compensation paid to licensed practitioners in Minnesota during the preceding calendar year. Our division of AmerisourceBergen is located in San Jose California, and as such we do not have any customers in Minnesota. We have not made any payments, honoraria, reimbursement, or other compensation to any licensed practitioners in Minnesota during the preceding calendar year.

Sincerely,

A handwritten signature in cursive script, appearing to read "Charles Brewer".

Charles Brewer  
Compliance Coordinator  
AmerisourceBergen  
450 Charcot Ave.  
San Jose, California 95131

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

The Kendall Company, Div. of Tyco Healthcare Group

MIN BOARD OF PHARMACY LICENSE NUMBER

360698-0

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3901 Rock Creek Boulevard Joliet, Illinois 60431

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
—	NOT APPLICABLE	—	

RECEIVED AT  
DEC 16 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

McKenzen Drug  
114829-1

3230 S Price Street

Little Canada, MN 55117

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Keith W Day RPh

125 Main Street North Hutchinson

MN 55350

0

0

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SEP 11 2003  
MINNESOTA BOARD  
OF PHARMACY

RECEIVED AT

SEP 08 2003

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

115975-6

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

Vickiann G. Nelson, RPh

ADDRESS OF PRACTITIONER

Rt. 1 Box 75 Lewiston, MN 55952

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

\_\_\_\_\_



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service R

8-15-03

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

112030-3

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

DANIEL E. SULLIVAN DR

ADDRESS OF PRACTITIONER

170 BENSON DR P.O. 208  
LEWISTON, MN 55952

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

NONE

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

SEP 08 2003

MINNESOTA BOARD OF PHARMACY



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI

Address Service



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Michael Freking, RPh  
MN license #

1850 Madison Avenue, Mahanato, MN 56001  
116283-7

value of payments -> \$0

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MIN BOARD OF PHARMACY LICENSE NUMBER  
114174-8

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

Dorcen Reed

ADDRESS OF PRACTITIONER

28421 N. Island Cir  
Hollandale, MN 56045

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	TYPE OF PAYMENTS
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
A+K Healthcare 260973-9	800 N. 3rd St., Maple Mn.		
<del>J. J. J.</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
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<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
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<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>

RECEIVED AT  
 SEP 09 2003  
 MINNESOTA BOARD  
 OF PHARMACY

James C. Jensen, RPh # 111475-9  
 640525 303rd wave  
 A+K Kim, MN. 56431-4533  
 (218) 927-2466 - work  
 (218) 927-1982 - home

Ramida Pharmacy # 032  
 A+K Kim, MN.



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

114253-0  
John DeRay RPh

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

	No		
	TRANSACTIONS		

RECEIVED AT  
SEP 03 2003  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*D&K* *800 N 3rd Minneapolis, MN 55304*

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

*112245-3*

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*Douglas R Nettleton*

*211 Prairie Court*

*0*

*No Reportable Activity*

RECEIVED AT  
SEP 05 2003  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

D & K HEALTHCARE

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

800 No. 3rd St

MINNEAPOLIS, MINN

MN BOARD OF PHARMACY LICENSE NUMBER

110784-7

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
GERALD F PEARSON	424 FAIR AVE MORRIS MN 55051	-0-	NONE

RECEIVED AT  
AUG 27 2003  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

111769

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

Eileen Owen RPh

ADDRESS OF PRACTITIONER

340 S Hwy 65 Mora, MN

VALUE OF PAYMENTS

None

TYPE OF PAYMENTS

None

RECEIVED AT

AUG 26 2003

MINNESOTA BOARD OF PHARMACY



700 Pilgrim Way • P.O. Box 19080 • Green Bay, WI 54307-9080

Address Service Required



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

115622-5

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

Michael Clayton R.Ph.

ADDRESS OF PRACTITIONER

704 Adobe Road Marshall mn  
56258

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

None

RECEIVED AT  
AUG 25 2003  
MINNESOTA BOARD  
OF PHARMACY



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested



NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

113628-7

MINNESOTA STATUTES REQUIRE WHOLESAL DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

Randall L. Roggow, RPh.

ADDRESS OF PRACTITIONER

4413 57th St. NW  
Rochester, MN 55901

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

Nothing to report

RECEIVED AT  
SEP 17 2003  
MINNESOTA BOARD  
OF PHARMACY



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Request

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

D+K Healthcare Resources, Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

800 North Third Street Minneapolis, MN

MN BOARD OF PHARMACY LICENSE NUMBER

115513-a

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	No Gifts received.		
	Judith Seron		PAMIDA PHARMACY #396
	1419 E. Chapman St		115 E. CHAPMAN
	Ely, MN 55731		ELY, MN 55731
			RECEIVED AT
			SEP 18 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

John E. Woll, RPh  
(110540-a) Active

ADDRESS OF PRACTITIONER

835-8TH AVE SE, FOREST LAKE, MN.

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0



700 Pilgrim Way • P.O. Box 19060 • Greenfield, WI 54307-9060

RECEIVED AT

SEP 23 2003

MINNESOTA BOARD OF PHARMACY



## MEMORANDUM

---

DATE: August 8, 2003

TO: Mr. Jeffrey Wick  
822 10th Avenue N. Apt #7  
Sartell, MN 56377

FROM: Amanda L. Rockman  
Summer Legal Associate  
ShopKo Law Department  
700 Pilgrim Way  
Green Bay, WI 54307-9060  
(920) 429-7719

RE: Gifts to Practitioners

Dear Mr. Wick,

As you may know, the state of Minnesota enacted new reporting requirements for any and all pharmacist practitioners receiving gifts from manufacturers and/or wholesalers, including brand or generic. There are some categories of items that are not illegal to accept, however, and you should be familiar with those (see attachments). Please note, this requirement is not an investigation by ShopKo or Pamida, but a requirement of Minnesota law.

Enclosed for your review, please find a copy of the pharmacist practitioner gift form and a copy of the most recent version of M.S.A. Section 151.461 which provides that "it is unlawful for any drug manufacturer or wholesale drug distributor, or any agent thereof, ... to give any gift of value to a practitioner."

Minnesota statutes require wholesale distributors to file an annual report with the Board of Pharmacy identifying all payments and honoraria, and other compensation authorized under § 151.461, paid to practitioners in Minnesota during the preceding calendar year. Similarly as a practitioner, you are required under Minnesota law to fill out the enclosed form with your name, address, value of payments and types of payments authorized under section 151.461 (1)-(5), even if you had no reportable activity. In other words, even though it is legal for you to accept certain categories of items as outlined in the attachment, you still must report any such items on the enclosed form and file it with the Minnesota Board of Pharmacy as soon as possible by mailing it to:

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

An addressed and stamped envelope is included for your convenience. Also, please send a copy of the completed form to Mr. Mike Bettiga, Senior Vice President of Health Services, in the self-addressed, stamped envelope provided.

Please feel free to call me or Steve Andrews (920/429-7922) with any questions that you may have. Thank you for your time and consideration.

Sincerely,

  
Amanda L. Rockman

Enclos. as stated.

cc: Mr. Mike Bettiga  
Mr. Greg Ahmann  
Mr. Jim Donatelle

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Shogko Pharmacy 2001

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

501 Hwy 10 SE

St Cloud MN 56304

MN BOARD OF PHARMACY LICENSE NUMBER

261033-3

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

Jesse Wick

ADDRESS OF PRACTITIONER

822 10th Ave N #17  
Sartell, MN 56317

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

RECEIVED AT

OCT 03 2003  
MINNESOTA BOARD  
OF PHARMACY

*[Handwritten signature]*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

N/A

N/A

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

I, Vicki Wilhelm did ~~not~~ receive any gifts (monetary or, trips, etc.) from any drug related company.

Diab. Pedler  
9/21/03

**Shopko**  
STORES INC.

700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested

RECEIVED AT  
SEP 25 2003  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

McKesson

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3230 SPRUCE ST LITTLE CANADA, MN 55164

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

JAMES D. JOHNSON

2009 OAK HILLS DR SW, ROCHESTEY, MN 55902

0

No Payments

RECEIVED AT  
SEP 24 2003  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

112780-1

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

Mark Ehlerth RPh

ADDRESS OF PRACTITIONER

879 W Meadow Ct  
Sartell, MN 56377

VALUE OF PAYMENTS

NOTE

TYPE OF PAYMENTS

RECEIVED AT

OCT 09 2003

MINNESOTA BOARD  
OF PHARMACY



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

112184-9

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

RICHARD WALTER CLARK RN

LIS #17-184-9

ADDRESS OF PRACTITIONER

SKOPKO PHARMACY 2035

2820 HWY 63 SOUTH

ROCHESTER MN 55904

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

NONE

RECEIVED AT

SEP 12 2003

MINNESOTA BOARD OF PHARMACY





## MEMORANDUM

---

DATE: August 8, 2003

TO: Ms. Joanne G. Isenberg  
15897 Vale Avenue  
Hutchinson, MN 55350

FROM: Amanda L. Rockman  
Summer Legal Associate  
ShopKo Law Department  
700 Pilgrim Way  
Green Bay, WI 54307-9060  
(920) 429-7719

RE: Gifts to Practitioners

Dear Ms. Isenberg,

As you may know, the state of Minnesota enacted new reporting requirements for any and all pharmacist practitioners receiving gifts from manufacturers and/or wholesalers, including brand or generic. There are some categories of items that are not illegal to accept, however, and you should be familiar with those (see attachments). Please note, this requirement is not an investigation by ShopKo or Pamida, but a requirement of Minnesota law.

Enclosed for your review, please find a copy of the pharmacist practitioner gift form and a copy of the most recent version of M.S.A. Section 151.461 which provides that "it is unlawful for any drug manufacturer or wholesale drug distributor, or any agent thereof, ... to give any gift of value to a practitioner."

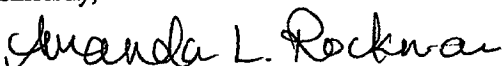
Minnesota statutes require wholesale distributors to file an annual report with the Board of Pharmacy identifying all payments and honoraria, and other compensation authorized under § 151.461, paid to practitioners in Minnesota during the preceding calendar year. Similarly as a practitioner, you are required under Minnesota law to fill out the enclosed form with your name, address, value of payments and types of payments authorized under section 151.461 (1)-(5), even if you had no reportable activity. In other words, even though it is legal for you to accept certain categories of items as outlined in the attachment, you still must report any such items on the enclosed form and file it with the Minnesota Board of Pharmacy as soon as possible by mailing it to:

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

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Please feel free to call me or Steve Andrews (920/429-7922) with any questions that you may have. Thank you for your time and consideration.

Sincerely,

  
Amanda L. Rockman

Enclos. as stated.

cc: Mr. Mike Bettiga  
Mr. Greg Ahmann  
Mr. Jim Donatelle